## RECEIVED

OCT 08 2013

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

| aranista airo merro:   |  |  |
|--|--|--|
| ı. Full Name   |  | e. ID Number   |
|  | .loc largen  | 25 Med State Company of the Control  |
| Committee to elect M   | 110> LAISCH  | d. Date Filed  |
| b. Mailing Address (include City, State and Zip Code)  | - L-   |  |
| 5 Glen Meadow Cou<br>Pinehurst, NC 2837  |  | 8 Oct 2013   |
| Product NC Z83=  | 74   | e. Phone Number  |
| (henus)  |  | 201-300-5194   |
| 2. Roper - Yusef is Rusted, Sant Date amorthes   | 45 Papari (Indildate mmanist) -  | ्राहरकदमस्य रेनी विकास   |
| 2013   | \$ 10/8/13   | Myles Di Larsen  |
|  | Typerforkepin sablas nas nast  | Age of report from an integration  |
| the state of the s | nnicipal State/County  | Referendum   |
| Z Cultoroute Charles   | Organizational Organizatio   |  |
| ☐ Independent Expenditure ☐ Joint Fundraiser ☐   | Thirty-five day Quarterly  | Pre-referendum   |
| ☐ Legal Expense Fund   | Pre-primary First  | Final  Supplemental Final  |
|  | Pre-election Second  | 하는 그들은 물로 가는 맛있다면서 보는 것이 없는데 없었다.  |
| There with many and the tree of the second o | Pre-runoff Third Semi-annual Fourth  |  |
| Booster Fund   | Semi-annual Fourth   |  |
| Building Fund  | Year End Mid Y   |  |
| Other:   | Final Year I   |  |
| S. Normer of Connections in Street,  | Special Final  |  |
|  | ☐ Special  |  |
| รี โดรทัก ที่กลายหักก  | THE Avernment mount  |  |
| a, Financial Institution Full Name   | a. Financial Institution I   |  |
|  | See to the second management of the second man |  |
| b. Purpose c. Account Code   | b. Purpose   | c. Account Code  |
| b. Purpose   | ***************************************  |  |
|  |  | 77524 May 0,509 E Glass 2005 Molecular Charles 2005 Molecular Charle |
| d. Period Begin B  | Salance  | d. Period Begin Balance  |
| \$   |  | \$   |
| CERTIFICATION  | I  | _  |
| I certify that the Committee or Fund is in compliance  | ce with all applicable provisions of Ar  | ticle 22A. 22B & 22D-22M of Chapter 163  |
| of the NC General Statutes and that no funds are con   | ommingled with prohibited or other nor   | n-disclosed funds. I further certify that this   |
| report is complete, true and correct and that I have t   | been trained by the NC State Board of  | Elections.   |
| 11 1 7 1   | · la Ma  | a net onis   |
| Myles D. Larsen  | Conjunt Trans  | S C C C C C C C C C C C C C C C C C C C  |
| Printed Name of Signer   | Signature of Appointed Treas   | surer Date   |
| FOR OFFICE USE ONLY  | MMa  | Delivery Method  |
| Date Received: 10-Y-17   | Employee: (1)  | Normal Mail  |
|  | 4.0  | Registered Mail  |
| Date Postmarked:   | Employee:  | Hand Delivered   |
| Date Scanned:  | Employee:  | ☐ Electronically Filed   |
| Datescamed   | глиргозео.   | Signer has not received  |
| Date Data Entered:   | Employee:  | Signer has not received mandatory training   |
| Diana Mada mi C  | d committee information suc  | ch as the committee address, treasurer,  |
| I have write this form cannot be used to   | amena committee miormanon our  | II do mie et ini   |
|  | odian of books information, or acco  |  |

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes ☐ No

| 14(Committee Rull Namer (and Rund at applicable) 8   | c type of h    | ceport 581   | D-Number ***                 |
|--|----------------|--|------------------------------|
| Committee to elect Myles Larsen  |                | 77.13.1  | maat at                      |
| Start of Election Cycle: January 1,  |                | Total this<br>Reporting Period   | Total this<br>Election Cycle |
| 4) Cash on Hand at Start   |                | \$   | \$                           |
| RECEIBLS   |                |  |                              |
|  | (CRO-1205)     | \$   | \$                           |
|  | (CRO-1210)     | \$ 500   | \$ 500                       |
|  | (CRO-1220)     | \$   | \$                           |
|  | (CRO-1230)     | \$   | \$                           |
|  | (CRO-1410)     | \$   | \$                           |
|  | (CRO-1240)     | \$   | \$                           |
| 11) Other Receipt Sources  |                |  |                              |
| 11a) Interest on Bank Accounts   | (CRO-1250)     | \$   | \$                           |
| 11b) Contributions from Not-For-Profit Organizations   | (CRO-1250)     | \$   | \$                           |
| 11c) Outside Sources of Income   | (CRO-1250)     | \$   | \$                           |
| 11d) Legal Expense Fund - Other Sources  | (CRO-1270)     | \$   | \$                           |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)     | \$   | \$                           |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,  | 11d and 11e)   | \$   | \$                           |
| EXPENDITURES   |                |  |                              |
| 13) Disbursements  |                |  |                              |
| 13a) Operating Expenditures  | (CRO-1310)     | \$   | \$                           |
| 13b) Contributions to Candidates/Political Committees  | (CRO-1310)     | \$   | \$                           |
| 13c) Coordinated Party Expenditures  | (CRO-1310)     | \$   | \$                           |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)     | \$   | \$                           |
| 15) Loan Repayments  | (CRO-1420)     | \$   | \$                           |
| 16) Refunds/Reimbursements from the Committee  | (CRO-1320)     | ·  | \$                           |
| 17) In-Kind Contributions  | (CRO-1510)     | \$ 485.93  | \$ 485.93                    |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1  | 5, 16 and 17)  |  | \$                           |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub   | btract line 18 | 3) \$  | \$                           |
| AND DEFICIENT TO REPORT AND THE PROPERTY OF TH |                |  |                              |
| 20) Non-Monetary Gifts Given to Other Committees   | (CRO-1330)     |  |                              |
| 21) Outstanding Loans (incl. ones from other campaigns)  |                |  |                              |
| 22) Debts and Obligations owed by the Committee  | (CRO-1610)     |  | _                            |
| 23) Debts and Obligations owed to the Committee  | (CRO-1620)     |  | -                            |
| 24) Account Transfers Within the Committee   | (CRO-1720)     |  |                              |
| 25) Administrative Support   | (CRO-1710)     |  | \$                           |
| 26) Forgiven Loans   | (CRO-1440)     | \$   | \$                           |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)     |  | \$                           |
| 28) Contributions to be Refunded   | (CRO-1215)     | كالمستون والمستون والم والمستون والمستون والمستون والمستون والمستون والمستون والمستو | \$ August 200                |

|   |  |  |   |  |                         | A                 | mendment                                 |   |
|---|--|--|---|--|-------------------------|-------------------|--|---|
| Contr                                   | ributions fro  | om Individual  | S   | Pg                                       | of CP                   |                   | Yes                                      | No No                                     |
|   |  | dividual contribution  |   | ontributions under                       | \$50 if form CR         | U 12              | O5 Is not us                             | eu  |
| THIN                                    | THE PERSON NAMED IN COLUMN   | smillimasismnii  | 6-70(6)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |  |                         | 440 (874          | . Manney                                 |   |
| Co                                      | mmittee !  | to elect M   | yles La                                       | rsen                                     |                         |                   |  |   |
|   | สัญษา โกษากร   | aga a kalanda araba araba da kalanda da kalanda da baran baran da baran da baran baran da baran da baran da ba |   |  |                         | range Marie V     |  |   |
| 263200000000000000000000000000000000000 | me, Mailing Addres   | s & Phone  |   | b. Job Title/Professi                    |                         | d. Co             | mments                                   |   |
| (include                                | city, state, & zip)  | · A /  | 4   | Agency Pr                                | esident                 |                   |  |   |
| Pat                                     | trick D.   | Molamphy.  |   | c. Employer's Name                       | /Specific Field         |                   |  |   |
| [2]                                     | Emerald  | Necklace L   | Ane   | Molamphy &<br>Nationwide<br>and Financia | Associates              | 5 v 2 🛶 69        |  | •   |
| P                                       | O BOX 32   | 2/ 1224  |   | Nationwide                               | Insurance               | 1,000,000,000     | ection Sum to                            | Date                                      |
| Pi                                      | nehurst, N   | Molamphy<br>Necklace L<br>2<br>2<br>2<br>3<br>4<br>9   |   |  |                         | 1 '               | 500                                      |   |
| f. Prior                                | g. Account Code  | h. Form of Payment   | i. In-Kind Descrip                            | otion                                    | . Date (mm/dd/yy        | у)                | k. Amount                                |   |
|   |  | check  |   |  |                         |                   | \$ 500                                   | 2   |
|   |  |  |   |  |                         |                   | \$                                       |   |
|   |  |  |   |  |                         |                   | \$                                       |   |
| \$ 0.00 p.                              | Tanina (Taken Tia)   | 12(11)   |   | A,iri                                    |                         |                   |  |   |
|   | ime Mailing Addre  |  |   | b. Job Title/Profes                      | sion                    | d. C              | omments                                  |   |
| (includ                                 | ecity, state & zip)  |  |   |  |                         |                   |  |   |
|   |  |  |   | c. Employer's Nam                        | e/Specific Field        |                   |  |   |
|   |  |  |   |  |                         | L                 |  |   |
|   |  |  |   | 1  |                         | A 101             | antion Count                             | , Date                                    |
|   |  |  |   |  |                         | Specification and | ection Sum to                            | ) Date                                    |
|   |  |  |   |  |                         | \$                |  | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| f. Prior                                | g: Account Code  | h. Form of Payment   | i. In-Kind Descri                             | ption                                    | j. Date (mm/dd/yy       | \$                | ection Sum to                            | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| f. Prior                                | g. Account Code  | h. Form of Payment   | i. In-Kind Descri                             | ption                                    | j. Date (mm/dd/yy       | \$                |  | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   | g. Account Code  | h: Form of Payment   | i. In-Kind Descri                             | ption                                    | j. Date (mm/dd/yy       | \$                | k. Amount                                | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   | g. Account Code  | h: Form of Payment   | i. In-Kind Descri                             | ption                                    | j. Date (mm/dd/yy       | \$                | k; Amount                                | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   | g. Account Code  |  | i. In Kind Descri                             | ption                                    | j. Date (mm/dd/yy       | \$                | k Amount \$                              | 99 F 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|   | eme Vialini: Addiv   | ess & Phone  | i, In-Kind Descri                             | ption                                    |                         | \$                | k Amount \$                              |   |
|   | Section and a graph of the control o | ess & Phone  | i. In-Kind Descri                             |  |                         | \$                | k. Amount  \$ \$ \$                      |   |
|   | eme Vialini: Addiv   | ess & Phone  | i, In-Kind Descri                             |  | sion                    | \$                | k. Amount  \$ \$ \$                      |   |
|   | eme Vialini: Addiv   | ess & Phone  | i. In-Kind Descri                             | b) job Nitle/Protes                      | sion                    | \$                | k. Amount \$ \$ \$ \$                    |   |
|   | eme Vialini: Addiv   | ess & Phone  | i. In Kind Descri                             | b) job Nitle/Protes                      | sion                    | \$ d.c            | k. Amount \$ \$ \$ \$                    |   |
|   | eme Vialini: Addiv   | ess & Phone  | i. In-Kind Descri                             | b) job Nitle/Protes                      | sion                    | \$                | k. Amount \$ \$ \$ \$                    |   |
| asigni N                                | eme Vialini: Addiv   | ess & Phone  |   | b.Job Fitte/Profes c. Employer's Nar     | sion                    | \$ d.c            | k. Amount \$ \$ \$ \$                    | oDate (                                   |
| asigni N                                | ame. Malling Addro   | ess & Phone  |   | b.Job Fitte/Profes c. Employer's Nar     | sion  ne/Specific Field | \$ d.c            | k. Amount  \$ \$ \$ comments:            | oDate (                                   |
| C. Prior                                | ame. Malling Addro   | ess & Phone  |   | b.Job Fitte/Profes c. Employer's Nar     | sion  ne/Specific Field | \$ d.c            | k. Amount  \$ \$ \$  omments:            | oDate (                                   |
| az Rent N                               | ame. Malling Addro   | ess & Phone  |   | b.Job Fitte/Profes c. Employer's Nar     | sion  ne/Specific Field | \$ d.c            | k. Amount \$ \$ \$ somments k. Amount \$ | oDate (                                   |

\$

| In_Kind   | Contributions |  |
|-----------|---------------|--|
| III-KIIIU | CORREDUCIONS  |  |

|    |        | Amendment | l    |  |
|----|--------|-----------|------|--|
| Pg | <br>of | <br>☐ Yes | ☐ No |  |

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| Committee to elect Myles Lars   | en   |                                  | i germani  |
|---|--|----------------------------------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip)  Myles Larsen 5 Glen Meadow Coult Pinehurst, NC 28374 201-300-5194 | b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt | utor.                            | c. Comments:  d. Election Sum to Date  \$ 485,93       |
| e Description Photos Business Cards Filing Fee  |  | Chesta recommenda Arrageries and | y) g. Fair Market Amount  \$ 406.60  \$ 71.60  \$ 5.00 |
| 22 Kull Name, Mailing Address & Phone (include city, state, & Zip)  Myles Larsen  5 Glen Meadow Ct. Pinehurst, NC 28374  201-300-5194 | b. Lype of Control Individual Candidate Party PAC Referendum Other Receipt |                                  | d. Election Sum to Date  \$ 485,93                     |
| 201-308-5179  Description:  Report  |  | f. Date (mm/dd/yyy<br>7/22/13    | y)> g. Fair Market Amount                              |
| a. Filli Name; Mailing Address & Phone (include city, state, & zip)   | b Type of Contril Individual Candidate Party PAC Referendum Other Receipt  |                                  | c. Comments  d. Election Sum to Date                   |
| es:Description  |  | f. Date (mm/dd/yy)               | \$   |
| er gan gang ding Pagn<br>kan aran kalangan<br>gang Santang Bag Santan   |  |                                  | \$<br>\$<br>\$   |